CK 604664

D&S Proj. #: MS 13-08

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) RECEIVED

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Date of Notification	(1)	Nam	ne of Buildi	ing Owner	Operator (2)		2013 JA	14 -8	PH 2:	58					
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Agencies Notified	Type Notification	Stree	et Address				21	ICE!	FERENCE D	ØL					
☐ EPA	Amended	20	1 MAIN	STREE	Γ			TOE	101111						
☐ DEP	Amendment #:	City,	, State, Zip	Code											
☑ DOL	Emergency	_ A	VON BY	Y THE S	EA, NJ				T= 1 1	- Alumb	201				
☑ DOH	(including	Nam	e of Conta	act					Telephor	ne ivuitio					
☐ DCA	justification) Cancellation	I	RAFFE	TTO		171					_	_			_
	L Canociacon	=		FACIL	ITY INFORMA	ATION									
Name of facility w	here abatement is t	aking place	(3)					Туре	of Facility	(4) ol (K - 1	2)				
Name of facility w	nere abatement to	9								hapter 8		r than	K-12	2)	
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Street Address									Bldgs	./Homes	s, etc.			۸۵۵	
201 MAIN ST	REET							Squ	uare Feet	# of Fl	oors		Diug	. Age	
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AVON BY T	HE SEA	200000000000000000000000000000000000000	MOUTH	1	ASCM No.	- 111	Name of Abatemen	t Contra	actor (9)						
Name of Monitori	ng Firm Hired by Bl	ag. Owner	(0)	1	AOOM NO.		D & S RESTOR							à	
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Street Address						- 11	20 California	Ave.							
City, State, Zip Co	de						City, State, Zip Cod	e	20						3
City, State, Zip Co							Paterson, NJ	07503							
Project Manager f	or Monitoring Firm		Pho	one Numb	er		Telephone Number	1		Lice	nse Nu 011		f		
1 10,000							973-345-802 Name of OSHA Mo						_		
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☐ Abatement	performed outside	of normal fa	acility hour	'S-											
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City, State PATERSON	NJ 07503			01/05	/13		TULLYTOV	VN, PA	A	In	ate	_			
Completed by (F		Title			Signature					100	1/03/	13	-		
BOGDAN JO	OLDZIC	PRESID	ENT												

TAN. 03. 2013 (THU) 10:18 COMMUNICATION No. 24 PAGE. 1

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nate of Notification (1)	, N	ame of B	uliding Owr	isr/Operator (2) "::-	IAN +8 P# 2		3/-		7	1	1
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DCA [ustification]	- 11	L RAFI	ETTO				ed for					
	7 18.		FAC	ILITY INFORM	IATION		1	>	7 7 1 7 -			
Name of facility where abatement I	s taking pla	ce (3)	· · · · · · · · · · · · · · · · · · ·			1	Type of Frictity ((K - 12)	1	100		
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roject Manager for Monitoring Firm	100	P	none Numb	er ·		Telephone Number 973-345-8020	WY CONTRACTOR OF THE PARTY OF T	License 0	Num 1169			
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D& S RESTURATION, INC.	1351)6	Disposal	YDS		TULLY TOWN, R	ESOUNCE KE	COAR	<u> </u>			V-10
PATERSON, NJ 07503	•		01/05/1		مخصطينا	TULLYTOWN, I	PΑ				esternia de	
completed by (Print or Type)	Title		-,	Signature				Date 01/03/	13			
BOODAN JOLDZIC	PRESIDE	this form	for although	a ilcensure axe	empled	activities.		Lancon				
ASB-41 .		THE INTH			100			*				

Do not use this form for asbestos licensure exempted activities.

ASB-41

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)		1		Building (perator	(2)				1	Prog Language	(, E.	11	/E
Agencies Notified Type Notification		. 5	Street Ad		ر	-		0		21	013	IAA			
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DOH justification) Cancellation			Rich	ARD.			OLON	NEW	i —						i
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATI	ON	Type of Fa	acility (4)							
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County (6)			County C	ode (7) SE ONLY)			Current U			ng demol	lished TA)		-	
Name of Monitoring Firm Hired by Building Ov	vner (8)	—Г,	ASCM			Name	of Abateme	ent Contr		(9)	IA	//	ON		1000
Environmental Tactics	(0)		0045	2			UE SYS				CA				
Street Address 64 Broad St							Address VHITEHI	EAD A	VE		å				
City, State, Zip Code Matawan, NJ 07747						100000000000000000000000000000000000000	tate, Zip Co TH RIVE		0888	2					
Project Manager for Monitoring Firm Tom Geiger			Telephon	ne No. 0-2217			one No. 132-8350)		License 01111					
	Schedule	,	pletion E	Date (11)			of OSHA M		OF A	AMERI	CA	. *			
Occupancy Status During Abatement (Check	Only On		,,,				Address								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	al Facility	Hours		peral	cus	City, S	WHITEHI tate, Zip Co TH RIVE	ode		2			~		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoliti				V	Mini-Er Gloveb	iclosure ag Proce	edure	Negativ				í	
	le	Locati	on				11011 ==		174				Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	Normal d Sole intenar todial S (12)	ly ly by nce/ Staff?		tos Con thermal surfa		faterial (AC s insulation T, or		(S	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
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City, State ELIZABETH, NJ	921				1/0	sal Date	7 M		SVILL	.E, PA					
Completed by LAPOL RAIMO	Title	'CE	MG	: R.	18	Signature	ral	La	m	0	Date	1/4	4/	13	

D&S Proj. #: MS 13-10

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)	2 1				Operator (2)		2013,	JAN .	-8 PH	2. ~		**	14		
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DEP Amend	ment #:	City,	State, Zip C	Code										*	
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ELLEN CARONNA									Other					-)	
Street Address									Bldgs.	/Home	es, etc.				
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Project Manager for Monito	oring Firm	94	Phor	ne Numbe	er		elephone Number 973-345-8020	,		Lic	01		1		
						-	Name of OSHA Mor					_	_		
Start Date (10)		Sched.	Completion	Date (11)		D & S Restorat		nc.						- 200
		01/28/	13				Street Address								
01/15/13 Occupancy Status During	Abatement						20 California A	venue	:						
☐ Facility closed/vacat	ted during er	ntire period	d of abatem	ent.			City, State, Zip Code	е							
Abatement performe	ed outside o	f normal fa	cility hours	•											
Describe:N Other-Describe: _N	ORMAL HO	URS				=11	Paterson, NJ 0							_	_
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>3 sf or >3 lf		Renovation	1						enclosure ebag proced	dure					
>160 sf or ≥260 lf	0.000	Demolition						Non-	Exempted ((*) and	Non-fr	iable	proce	dure	
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	ori, mic.			Disposal			City, State		-	VIII.				-	
City, State PATERSON, NJ 0	7503			01/16/	13		TULLYTOW	N, PA		4	Doto	_			
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BOGDAN JOLDZIO	c	PRESID	ENT		<u> </u>						0 1, 00,			_	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Toll JM Urban Renewal LLC Agencies Notified Type Notification Street Address 1260 Stelton Road Initial DEP Amended City, State, Zip Code DOL Amendment # Piscattaway nj 08854 Emergency (including DOH Name of Contact justification) DCA Adel Merdan Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Former Flea Market Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) 290 Rt 18 Other (i.e. private & commercial buildings, homes, City (5) Square Feet East Brunswick # of Floors Bldg. Age 66,000 sq plus 1 20 plus County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) NJ Prior flea Market Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Sky Environmental Atek Remediation Services Street Address Street Address 2725 Salmon St City, State, Zip Code City, State, Zip Code Philadelphia PA 19134 Project Manager for Monitoring Firm Telephone No. Telephone No. Leonid Shereshevsky License No. 973 588 4821 215 756 2282 01167 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Jan 14 2013 Feb 28 2013 Sky Environmental Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation × ≥160 sf or ≥260 lf Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Туре Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount Encapsulate (i.e. thermal systems insulation, Custodial Staff? (Specify Enclosure In Facility Remova Repair surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No N/A Floor Tile Mastic, first floor through 66,000 SF Roofing, Full Roof 66,000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Waste Management Hauler ID No. of Waste WM- Tullytown 3000 City, State Disposal Date City, State Morrisville PA

Completed by

Andrew Pickerna

Title

Member

Date

Tullytown Pa

Signature

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		- 1:-				1/2</th <th></th> <th>- 1</th> <th>13</th> <th>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</th>		- 1	13	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Agencies Notified Type Notification		Street A	Address	1	^	a vita	>	7	4 ~	7
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DEP Amended Amendment			ate, Zip Code DYUA5u	wil.	NIT	08092	May		ALA	0
Emergency (i	ncluding	Name o	of Contact	len,	10 3	Telephone Nur	nber	8	1	
DCA Cancellation			MPS Sto		Sq	•				
Name of Facility Where Abatement is Taking	Place (3)		ILITY INFORMAT		of Facility	(4)				
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Street Address	-					r 8 (Other than K-12 private & commerci		dinas	home	es.
1541 Route ZZ				هما	etc.) are Feet	# of Floors	2000 01.000000	ldg. A	Self-strength in	
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County (6)			Code (7)			ior if being demolish		10	SV280	
Domerset			USE ONLY)		etai	1				
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	M No.	Name of Ab			0			
Street Address	5 977			Street Addre		168, LU				
629 Creek Rd						icoln Huy	, Si	ite	40	٥
City, State, Zip Code	012	1		City, State, 2		02111				
Bellmawr, NJO Project Manager, for Monitoring Firm	803	Telepho	ne No.	Exten. Telephone N	12 0315 to 15 1/2 511	License N	0.			
Brian Heranki		856-8	151-9980	610-75			اما			
Start Date (10)		Completion	Date (11)	Name of OS						
Occupancy Status During Abatement (Check	1/28 Only One	1.0		Street Addre	M 5 L					
Facility Closed/Vacated During Entire Po	2	8		3,4000000000000000000000000000000000000		30 North				
Abatement Performed Outside of Norma Other – Describe: Work in 5	I Facility I	Haurs ∤	ea	City, State, Z		7	200			
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≥160 sf or ≥260 lf	COMPANY	molition		Mi Mi	ni-Enclosur	е	ressu	е		
					ovebag Pro on-Exempte	cedure d (*) and Non-Friab	le Pro	cedur	е	
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Location of Asbestos-Containing Material (ACM)	Used	ormally Solely by	De Asbestos Cont	scription of	LACM	Amount	H	.,		
TO BE ABATED	W450000	tenance/ dial Staff?	(i.e. thermal	systems insul		(Specify	Rer	Re	Encapsulate	Enc
In Facility (13)		(12)	other r	cing, VAT, or niscellaneous)		SF or LF)	Remova	Repair	psula	Enclosure
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basement	×		acpi			180 L F	X			
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Name of Registered Waste Hauler		NJDEP W Hauler ID			500,000 mg	Registered Landfill				
erosemies, LLC		00347		2		nerva				
City, State Exton PA			Dispos	sal Date	City, Stat		Nh.	_		
Completed by	Title	· `	S	ignature 4	1 1	Da	Ohi te/	1	(1001-011	\dashv
Jack Bally	50	P. M		Hach	Dall	1	17	13	5	
ASB-41 (R-06-08)				Do not use	this form for	asbestos licensure	exem	pted a	activit	lies.

CK80134

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) January 2, 2013		74			Building Ov Bayonne	vner/Operato	r (2)		. <u> </u>	Times &	, es			
Agencies Notified	Type Notification	310/2	- 1	Street Ad 250 Ea	dress st 22nd S	Street			N-8 F			,		
EPA DEP DOL	Amended Amendment				e, Zip Code ne, New J	e Jersey 070	02	£ 1	LICENS	ING	(OL			
X DOH X DCA	justification) Cancellation	3E30	1 1	Name of Aubrey					Telephor		her.		ý.	
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	ITY INFOR	RMATION	Тур	oe of Facility (4))					
IMTT - Bayonne Street Address 250 East 22nd Stre	et		-				×	School (K-12 Subchapter 8 Other (i.e. pri	(Other tha			lings,	home	es,
City (5) Bayonne, New Jers					***************************************	A Maria a constituto	Sq	etc.) uare Feet	# of Floo	rs		ldg. A 0+	ge	-
County (6) Hudson				County C	ode (7) SE ONLY)		Cu	rrent Use (Prior	if being de	molish	ed)			
Name of Monitoring Firm EnviroVision Consu		Owner (8)		ASCM 00079		A PART OF THE PART		batement Controls, Inc.	ractor (9)					
Street Address 20 - 21 Wagaraw R	load, Bldg. 34A						t Add	ress wards Aven	ue					
City, State, Zip Code Fair Lawn, New Jer	20				***************************************		State ahar	, Zip Code						
Project Manager for Mor Guillermo Morales	nitoring Firm			Telephon 973-63			hone -733	No. -5033	Lice 011	ense N 120	0.			
Start Date (10) 01/14/2013		Scheduled 02/28/20		npletion E	Date (11)			SHA Monitor ision Consul	tants, Inc).	i			
Occupancy Status Durin Facility Closed/Vac				nent			t Add - 21 \	ress Nagaraw Ro	oad, Bldg	. 34A	×			
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility H	lours	i				, Zip Code vn, New Jers	sey 0741	0				
Scope of Work (Check A	All That Apply)	X Par	nova	tion			×	Full Containme	nt with Nea	ative P	ressu	re		
≥ 160 sf or ≥260 lf		-	molit				×	Mini-Enclosure Glovebag Proce Non-Exempted	edure				a	
			ocati					NOII-EXEMPLE	() and No	I-I Hab		Abate		
Location Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) IATED lity	Used Main Custo	tena	ly by nce/	(i.e. th	Descriptions S Containing Dermal system Surfacing, Vother miscell	Mate ns ins 'AT, o	sulation, r	Amour (Speci SF or L	fy	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				1.4:	5000	ıs			te	
TSI on F	Piping		X		asb	estos pipe	insu	lation	5000	lf	Х			
														Ä.
Name of Registered Wa	ste Hauler		1000	IJDEP W	5000	Cubic Yards		Name of F	Registered I	andfill		L		
Freehold Cartage	100		100	lauler ID -2265		of Waste		IESI		7				
City, State Dunmore, PA	100					Disposal Da 02/28/201	3//	City, State Bethlehe						
Completed by Aubrey Hotard	No.	Title Corpor	rate	Safety	Director	Signato		61		Da 01	te /02/2	2013		

State of New Jersey

For 2013 - Open Filin	g			N OF ASBESTO t to NJAC 8:60 a			2013-	Annu	al	Fi]	Lin	g
Date of Notification (1) January 2, 2013				of Building Owner - Bayonne	/Operato	2012	1011	k Ban	L)			-
Agencies Notified Type Notification EPA Initial				Address ast 22nd Stre	et	02	IAN -8	PH 2	: 58			
DEP Amended Amendment				ate, Zip Code nne, New Jers	ey 070	02	LICENS		(a)			
Emergency justification) DCA Cancellation				of Contact by Hotard			Telen	hanna	•			
			FAC	ILITY INFORMA	TION					•	-	
Name of Facility Where Abatement is Takin IMTT - Bayonne	g Place (3)				Type of Facility School (K						- 4
Street Address 250 East 22nd Street			A STATE OF THE STA			Subchapte	er 8 (Other of private & c	than K-1 commerc	2) ial bui	ldings	, hon	nes,
City (5) Bayonne, New Jersey 07002						Square Feet	# of FI	loors		Bldg.	Age	
County (6) Hudson				Code (7) USE ONLY)		Current Use (P	rior if being	demolis	hed)			
Name of Monitoring Firm Hired by Building EnviroVision Consultants, Inc.	Owner (8)		ASCN 0007			of Abatement Co lations, Inc.	ontractor (9))				
Street Address 20 - 21 Wagaraw Road, Bldg. 34A					Street	Address Edwards Ave	enue		-			-
City, State, Zip Code Fair Lawn, New Jersey 07410	228				A Same	State, Zip Code						
Project Manager for Monitoring Firm Guillermo Morales		T	Telepho 973-63	ne No. 36-9145	Teleph	none No. 733-5033	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	icense N	lo.			
Start Date (10) 01/14/2013	Schedule 02/28/2		npletion	Date (11)	Name	of OSHA Monitor	r					
Occupancy Status During Abatement (Chec					-	Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abaten Hours	nent S			21 Wagaraw I tate, Zip Code	Road, Bld	lg. 34A				
Other – Describe: area unoccupied					Fair	Lawn, New Je	ersey 074	10				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	ETTERNITION .	denova demolit				Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure	•			re	
Location of	l N	Locati Iormal	ly	· Do	escription	-f					ement	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	nce/	Asbestos Con (i.e. therma surfa	taining M	aterial (ACM) insulation, T, or	Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				- H-1		_		ate	e)
	\vdash											
Name of Registered Waste Hauler		LN	JDEP W	ooto Cubia	Veste		-					
Freehold Cartage		H	auler ID I 2265		Yards ste	IESI	Registered	Landfill				
City, State Dunmore, PA				Dispo	sal Date	Cj(), Stat	e Anem, PA			-		
Completed by Aubrey Hotard	Title Corpo	rate	Safety	Director	ignature			Dat 01	e /02/2	013		

12/3/12 pageston hold

1/3/13 Peoplet Still on hold- Kish Bet State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT COMPACTION DATE &

Date of Notification (1)	12		Name	of Buildin	g Owner/Operator (Service-Contract	2) ing Officer-Mic	haa?Marken		i i	· Carl	
			Ctroo	- Addass	er vice-contract	ing Officer-wild	made inderigal -	8 p	14 :	2. 5	0-
Agencies Notified Type Notification	12/3/12	_			t Plaza SW Ste		Adams	`			0
□ DEP □ Amended			N	State, Zip	1000	, 1000	& LICE	iti	391	1	
☐ DCA (NJAC 5:16) Amendm ☐ DHSS ☐ Emergen			1 7		n, DC 20260	3. 4	- LICE	res!	NG		
☐ DCA justificati	on)	1	Name	of Contac	t		Telephone Numb	er .	(F) N+ 1/1		
(NJAC 5:23-8)	tion \	177	Ge	orge Sch	amm				******	1	
		_	, FA	CILITY IN	FORMATION	1.54				8	
Name of Facility Where Abatement is 7	Taking Place	e (3)		9 2 2		Type of Facility					
US Postal Service						School (K-12	2) 3 (Other than K-12)				
Street Address 21 Kilmer Rd							rivate & commercia		lings,		
City (5)	*			- W		Square Feet	# of Floors	Blo	dg. A	ge	
Edison						45,000	1		50+		
County (6) Middlesex		America.	Cour	nty Code (7	()(STATE USE ONLY)	Current Use (Pri Postal Serv	ior if being demolisl	hed)			
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
URS Corporation					Controlled E	nvironmental S	Systems				
Street Address	S	14.0			Street Address		1,-1,1-1	12.0			
One Penn Plaza, Suite 600						ehem Pike - S	uite 60	27		1.51	
City, State, Zip Code					City, State, Zip Co						
New York, NY 10119 Project Manager for Monitoring Firm		Tolo	phone	No	Spring House Telephone No.	e, PA 1947-7	License No.				400
roject Manager for Monitoring Fifth		1 616	phone	140.	relephone No.		Licerise No.				
Mar Com 212 200	m()	2-	12 736	4444	215-542-7000		00847				
Mark (2000 212,896 Start Date (10) HOLD			12 736 tion Da		215-542-7000 Name of OSHA M	The second second second	00847				
	Scheduled C	omple	tion Da	te (11)		The second second second	00847				0.
Start Date (10) HOLO	Scheduled C	omple	tion Da	te (11)	Name of OSHA M	The second second second	00847				
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Start Date (10) Hol O 12 / 3 / 12 Occupancy Status During Abatement (C Facility Closed/Vacated During Entir Abatement Performed Outside of Not Time of Abatement: 7:00 AM- Scope of Work (Check all that apply) 3 sf or ≥3 If >160 sf or ≥260 If Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	Check only e Period of ormal Facilit PM/7:00P Section 1	omple comple com	ment s - Des AM on on on lly ely by nce/ Staff?	Asbe (i.e., the	Name of OSHA M CES Street Address 1121 N. BethI City, State, Zip Co Spring House Full Cont Glovebag Non-Exel Description o stos Containing Marmal systems insula VAT, or other miscellaned	ehem Pike - Sode e, PA 19477 ainment with Neglosure g Procedure mpted (*) and No	uite 60 gative Pressure n-Friable Procedure Amount (Specify SF or LF) 5800	Ab Removal 🛛	atem	Encapsulate 🔲 🔲	Enclosure
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Start Date (10) Hol O 12 / 3 / 12 Occupancy Status During Abatement (0) Facility Closed/Vacated During Entir Abatement Performed Outside of No Time of Abatement: 7:00 AM- Scope of Work (Check all that apply) 3 sf or ≥3 If 23 sf or ≥3 If Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) Customer Service Center Name of Registered Waste Hauler Allied Waste	Check only e Period of ormal Facilit PM/7:00P Section 1	omple comple com	ment s - Des AM on Discon lly ely by nce/ Staff?	Asbe (i.e., the	Name of OSHA M CES Street Address 1121 N. Bethl City, State, Zip Co Spring House Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Matrics VAT, or other miscellaneed Aastic Cubic Yards of Waste 40	ehem Pike - Sode e, PA 19477 ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) tion, surfacing, bus) Name of Regis Conestoga	uite 60 pative Pressure n-Friable Procedure Amount (Specify SF or LF) 5800	Ab Removal 🛛	atem	Encapsulate 🔲 🔲	Enclosure
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*Do not use this form for asbestos licenswee exempted activities.

1/2/	N Ho		IOTIF	ICATIO	ON OF A	New Jersey SBESTOS ABAT IAC 8:60 and 5:1	EMENT	Olani	l.		10	0-
Date of Notification (1)	<u> </u>					ng Owner/Operator		V Collect	٣_	/	1	8
12 /	21 /	12			Charles	Peruto						
Agencies Notified	Type Notific	cation			et Address	2	2013 JAN -8	PM 2. CO	55		2	
⊠ EPA	□ Initial	Janon		1,000	01 Pine			111 2.36			11	
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DCA (NJAC 5:16)	Amendm			- 100	nila PA 1		& LICEN!	ING WAL				
☐ DCA		ion)	ng		e of Conta	3,000		14				
(NJAC 5:23-8)	☐ Cancella	ation			C Peruto			Telephone Num	ber			
	College -			FA	CILITY	NFORMATION				8		
Name of Facility Where A	Abatement is	Taking Place	e (3)		, oileiri i	THE OTHER PROPERTY.	Type of Facility	(4)				
Residence							School (K-12	20.52				
Street Address	94						Subchapter 8	Other than K-12)			
328 99 th St							homes, etc.)	rivate & commercia	al buil	dings	,	
City (5)							Square Feet	# of Floors	В	Bldg. A	\ge	
Stone Harbor				- 1			2,000	3		50+		
County (6) Cape May				Cou	inty Code (7)(STATE USE ONLY)	The second secon	or if being demolis	hed)			
Name of Monitoring Firm	Hirad by Duil	din a O	(0)	1.000			Residence					
N/A	nired by Build	aing Owner	(8)	ASCM	l No.		ent Contractor (9)					
Street Address							nvironmental S	ystems				
						Street Address	l-1 D''- 0					
City, State, Zip Code						City, State, Zip Co	lehem Pike - Su	lite 60				
						Spring Hous						
Project Manager for Monit	toring Firm		Tel	ephone	No.	Telephone No.	C, 1 A 15411	License No.				
				•		215-542-7000)	00847				
Start Date (10.)		Scheduled (Name of OSHA M	Monitor			-	-	
/				9 /	12 /7	3ces					0	
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated	d During Entir	re Period of	Abate	ment	, ii	1121 N. Beth	lehem Pike - Su	ite 60				
☐ Abatement Performed Time of Abatement: 7:	00AM-	PM/ 7:00 F	y Hou M-	rs - Des AM		City, State, Zip Co			1	- 70		
Scope of Work (Check all						Spring House	e, PA 19477	7. 1				
	that apply)					☐ Full Cont	ainment with Nega	ativo Propouro		1000		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat			☐ Mini-Encl	losure	alive Pressure				
23 <u>-</u> 100 si 0i <u>-</u> 200 ii		⊠ D€	emoliti	on		☐ Glovebag	Procedure mpted (*) and Non	:Eriable Dress due				
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Location o			Norma			Description of			-	T		_
Asbestos-Containing M TO BE ABAT	nateriai (ACM) FED	/ Ma	intena	ince/	Asbe	stos Containing Mat rmal systems insula	terial (ACM)	Amount	Rem	Repair	Enc	Enc
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(13)		Yes	No	N/A	1	other miscellaned	ous)	3344352 6	-		ılate	re
Exterior											350	
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Name of Registered Waste	Hauler		_	JDEP V	Vaste	Cubic Yards of	Name of Registe	ared Landfill	Ш	Ш	Ц	Ш
CES			Н	auler ID	No.	Waste		ounty Landfill				
City, State				00847		4 Disposal Date	City, State	- zy EuriGilli				
Spring House, PA 19	477					12/29/12	Cape May N	J				
completed By (Print or Typ	e)	Title	**			Signature			-	-		_
Patricia Visco		Office N	/lanac	ger		167	10/11/20	Date i -		1		
B-41						revuec	a vince	1-	1/2	1	12	
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State of New Jersey MOTE-CATION OF ASPESTOS ASIATEMENT

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		(Pur MOTRI	rsuant to N	JAC: 18:	STOS ABATEMA 60 and 12:120)	and the second second second	*\`\ 6 **	7/3	J	2	Ser.
e of Notification (1)	1-1-1	3	1 00	JU C	Owner/Operator (YKER	CR # 173	CEN	6	14	ء. ان
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nme of facility When	a Abatament Is	Taking Place (3)		, p ₁ , a ₁ , a ₂ , a ₄ , a ₆	garged makes before more modern common term of	Type of Facility (2					
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City, State, Zip Code		gd _ market kanadajkang makapangajanan ng	T. L. Assault	lo.	Telephone No.	The Committee of the Co	License No.	-1			
Project Manager for			Telephone N		731 1.°1 Name of OSH	L/ 175 / Monitor	OOU'A				-
Start Date (10)	erenere e se manifeste e en en es	Scheduled Co	mpletion Date	e (11)	ALC	ENZULYI ("C	1 CO In	Larris and and			-:-
Occupancy Status I	During Abateme	nt (Check only o	ue)	Zanguia za za z	Street Addres	s outroit a	<u> </u>	en the Alexandra	4,1,134 at 11		-
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State of New Jersey

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Motification (†)	1-4-13				6-41	ancey		Q	PE	1
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*	and the second s	1	clephone A	lo. ,	Telephone No.	1	License No.	1		
ct Manager for N					Name of OSH	Monitor	Cicense 140.			
Date (10)	-13	Scheduled Con	- 1'3	e (11)	ALCO	WILLAT 10	V CO IN	Larry Section 1 - 10 Property of the 1997		
ipancy Status Di	iring Abatement	Check only on	e)	V	Street Address	ostrost ((i)			
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160 st or ≥260 ll		1.3/1	olition		Non-	Exempted (*) and	Non-Friable Proced	1	batem Type	
Locati sbestos-Containi	on of on Material (ACM)	Non Used S Mainte	cation nally Solely by enance/	Asbe	Description Islos Containing N L., thermal system	Aaterial (ACAM)	Amount (Specify	20 98		u .
TO BE A	Cility	St	todial aff? 12)	11.1	surfacing, V/ other miscella	A1. OI	Str or LF)	Remove	Repair	100000000000000000000000000000000000000
and power and an entire to the court of the	F10-1-34 88-18-1801	Yes	No N/A		SIXI	ν6	1700 5	AV		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) /3//3			Name o	f Building O	wner/Operato	r(2) 2013 JA	N-8 PH 2:	<u>) </u>			
Agencies Notified Type Notifica	ation		Cironi A	delegan		Olife	PH 2:	36			
EPA Initial Amend	ed	H	City, Sta	ate, Zip Cod	e COENS	HUL	CENSING			í	
DOL Amend	The Control of the Co		RI	PLEWOO.	2 NJ	07450	CENSING	1.			
DOH justifica	tion)			f Contact			Telephone Nu	nber			_
	~			LITY INFO	RMATION						_
Name of Facility Where Abatement is	Taking Place (3}	89		2.34	Type of Facility	(4)				
Street Address					***************************************	School (K-	12) er 8 (Other than K-1)	2)			
309 STEUENS AUG	<u>.</u>						private & commerci		dings	, hom	es,
City (5) RIPEWOOD						Square Feet	# of Floors	E	Bidg. /	Age	
County (6)		_	County	Code (7)		Current Use (P)	ior if being demolish	ned)	60		
BERGEN	7		(STATE	USE ONLY)				ieu)			
Name of Monitoring Firm Hired by Build	ling Owner (8)		ASCN	A No.		of Abatement Co					
Street Address					19 10 10 10 10 10 10 10 10 10 10 10 10 10	t Address Lowell Road		,			
City, State, Zip Code						State, Zip Code n Rock, N.J. 0	7452				
Project Manager for Monitoring Firm		- T	Telepho	ne No.	Telep	hone No.	License N	0.			
Start Date (10)	Cahadul	ad Clan	nlation	Date (11)		-262-5841	00156				
1/15/13		6/17		Date (11)		of OSHA Monitor ega Environme	r ental Services Ir	ic.			
Occupancy Status During Abatement (Check Only Or	ne)			1	Address					
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe:	itire Period of Normal Facility	Abaten Hours	ent			Huyler Street State, Zip Code					
Scope of Work (Check All That Apply)					- Had	kensack, NJ (7606				
23 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit		•		Mini-Endosus Glovebag Pro				e	
	70.0	Locati	777							emen /pe	t
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/	(i.e. th	Description S Containing I Sermal system surfacing, V other miscella	Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
-	Yes	No	N/A				W	-		le	6
GASEMENT			X		PIPE		60 LF	X			
									-		_
Name of Registered Waste Hauler Rovic Transport		H	JDEP W auler ID 0785	0.000 pp (1992)	Cubic Yards of Waste	1	Registered Landfill A Bethlehem La		l Co	р.	
City, State Riverdale, New Jersey 07457					Disposal/Date		te hem, PA 18015				
Completed by R. McDonald	Title Pres	ident		L	Signator		/ Da	1	Ti	}	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		(F	ursuani	to NJAC 8:0	60 and 12:	120)		For the sea	* 4 1			
Date of Notification (1)				of Building Ov				P. C.				
Agencies Notified Type Notification	2		K. Stonet	Address	M-6-1	2401	2	013 IAN -		-		
☐ EPA 🗵 Initial			Sueer	+ ALI	PINE	PLA	c/2	& LICEA	PM	2:	58	,
☑ DEP ☐ Amended		Ī	SILY, OU		¥			神-0146	(Se	17:30		
Emergency		-	KEI	ARNY,	NJ.			& LICEA	SIM	e i	31.	
DOH justification)	. 1	Name o	f Contact				Telephone N	ımber	9-		
DCA Cancellatio	<u> </u>			THY	100 4 100 44 4						i	
Name of Facility Where Abatement is Take	ng Place (3)		FAC	ILITY INFOR	MATION	Tvo	e of Facility (4)				
MCGRADA							School (K-12	· .				
Street Address 54 ALPINE PLACE	- 1						Subchapter I	:) 8 (Other than K- ivate & commen	12)	ildina		
City (5)						図	etc.)	ivate & commen	aai ou	uomg:	s, non	ies,
KEARNY							are Feet 1600	# of Floors		Bldg.		
County (6)		T		Code (7)				r if being demoli:	shed)	0		
Hubson			(STATE	USE ONLY)				ES.				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCA	A No.			patement Cont Contracting					
Street Address						et Addr		1110.				
Oly Oly The Control					100000000000000000000000000000000000000		ell Road					
City, State, Zip Code		4					Zip Code ck, N.J. 074	152				
Project Manager for Monitoring Firm		Т	Telepho	ne No.		ephone		License	vio.			
						1-262		00156	VO.			
Start Date (10) / / / ト / / 3	Scheduled	Cor	pletion	Date (11)			SHA Monitor					
Occupancy Status During Abatement (Che			/)	ــــــــــــــــــــــــــــــــــــــ				tal Services	nc.		i.	
	Period of Ah	aten	nent			et Addr 10 Huy	ess ler Street					
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	mal Facility H	lours	·····				Zip Code sack, NJ 07					
Scope of Work (Check All That Apply)										-		
≥3 sf or ≥3 if≥160 sf or ≥260 if		nova molit				M G	lini-Enclosure lovebag Proce					
*.	Т			<u> </u>		LIN	on-Exempted	(°) and Non-Fria	ble Pro		_	
Location of	1000000	ocati rmal	374.55 CC			Washington and the					emen ype	E
Asbestos-Containing Material (ACM)	Used			Asbestos	Descripti Containing		el (ACM)	Amount		T	T	Г
TO BE ABATED In Facility	Maint Custon		CONTRACTOR .	(i.e. the	ermal syste	ıms insu	lation,	(Specify	R	20	Encapsulate	m
(13)		12)			surfacing, 1 ther miscel			SF or LF)	Remova	Repair	usde	Enclosure
	Yes	No.	N/A						00	-	late	18
BASEMENT	\top		X	1	2185			60 4	1	+	-	\vdash
					11 /_			00 2	×	\vdash	-	\vdash
Name of Registered Waste Hauler		I AI	JDEP W	asta Lo	ubic Yards							
Rovic Transport		H	auler ID 0785		f Waste	_		egistered Landfil Bethlehem L		Il Co	o.	
City, State Riverdale, New Jersey 07457		1-		D	isposal Da		City, State				*	
Completed by	Title				1/17/1			m, PA 1801				
R. McDonald	Title Preside	ent		4	Signati	21	19/1	1 D	ate/3	1/L	}	
					1 //	1/ 1	.,		1	,		

Check # 8048

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)			Name (of Building (Dumor!One		(2)		112		- 1	The second	13
1/3/13							or.	Sec.	OI3 JAN	-8	^		
Agencies Notified Type Notification			Street A	Address				PA (3.5)	ephone Num		14	2: :	<u> </u>
EPA X Initial Amended		_	/	71 +	ARUS	115	AUE.		of 1 /2	1.		. 0	8
□ DEP	#	1	City, St	ate, Zip Co	de + 1	17	17430		,CE1	1811	14/1	in.	
Emergency		-	Vame o	f Contact	, ,,		07750	I Tol	ephone Num	obos.	4	-2	
DOH justification) Cancellation			00	N				Liei	epriorie iviin	Irusi			•
Name of Facility Where Abatement is Takir			FAC	ILITY INFO	RMATION	V .		-					-
MCGREGOR	ig Place (3)						Type of Facility	(4)					
Street Address							School (K-		er than K-12	Α.			
171 FARBAGE AUE.							Other (i.e.	private a	commercia	<i>)</i> al buil	dings	, hom	es,
City (5)						-	etc.) Square Feet	[# a	Floors	I F	Bidg. /	ne	
MAHWAIT							1650	" "	2	1	٦	سل	
County (8) BERGEN				Code (7) USE ONLY)			Current Use (Pr	ior if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	A No.	I N	lame	of Abatement Co		(9)				
Street Address	-	-				A. M	ac Contractin	g Inc.	,				
· ·						DODDER HOTELD	Address Lowell Road						
City, State, Zip Code					C	ity, S	tate, Zip Code Rock, N.J. 0	7/52					
Project Manager for Monitoring Firm		T	elepho	ne No.	T	eleph	one No.	1402	License No).			
Start Date (10)					:	201-	262-5841		00156				
1/14/13	Scheduled	7/1	pletion }	Date (11)			of OSHA Monitor ga Environme		ervices In	C.			
Occupancy Status During Abatement (Chec	k Only One)					Address	***************************************					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of Ab	ateme	ent		1		Huyler Street						
Other – Describe:	iai Facility F	Hours					tate, Zip Code kensack, NJ 0	7606					
Scope of Work (Check All That Apply)								7000					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novati molitic				×	Full Containm Mini-Enclosur	ent with	Negative Pr	essu	re		
	3 1 - 1 3 - 23					XX	Glovebag Pro	cedure					
	I le l	ocatio	_				Non-Exempte	o (") and	Non-Friable			emeni	
Location of	No	omally	,		Descri	ntion	of.					pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Used Main	Solely tenand			os Containi	ing M	aterial (ACM)		nount			11	
In Facility	Custo	dial St (12)	aff?	(I.e. E	nermai sys surfacing		insulation, T, or		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	<u> </u>	(12)			other misc	cellan	eous)			evol	pair	sula	osur
	Yes	No:	N/A									te	
BASSABOT / CRAWLERICE			×		PIPE	:	V/VX.		45 LF	×			
None of Davids - 1111 is it		\Box											
Name of Registered Waste Hauler Rovic Transport		100000000000000000000000000000000000000	DEP W uler ID	100 march 100 ma	Cubic Yar of Waste		The same and the same		ed Landfill				
			785			1	IESI P	A Beth	lehem La	ndfill	Car	p.	
City, State Riverdale, New Jersey 07457	2				Disposal I		City, Stat Bethlel	e nem, P	A 18015				
Completed by	Title				Signa	ature	2 1-01		Date	· /	7		\dashv
R. McDonald	Presid	ent		14	Signa	12	Mille	21	1	B	113	1/2	



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 1/02/2013	***				f Building Coast			(2)		2013	JAN.	۵		Since Im
Agencies Notified	Type Notification Initial			Street A 85 F	ddress Route 1	7 Sout	th	į.		Day of	y i s	0	H,	2:5
DEP X DOL	Amended Amendment Emergency				ate, Zip C d-Ridg		07075			& l	ICE	Nati	No	ROL
DOH DCA	justification) Cancellation			Jeffr	f Contact ey Bro	wn		7	Je	lenhone Nu	mber	7	i	ě
Name of Facility Where Al Former Used Car				FACI	LITY INF	ORMAT	ION	Type of Facil	ity (4)					
Street Address 85 Route 17 Sout		unumg							oter 8 (Oth	ner than K-1 & commerc		dings,	home	es,
City (5) Wood-Ridge, NJ	07075				***************************************			Square Feet	# 0	of Floors	E	lldg. A	ge	
County (6) Bergen					Code (7) USE ONL	n		Current Use	(Prior if be	ing demolis	hed)			
Name of Monitoring Firm I N/A	Hired by Building	Owner (8)		ASCN	/ No.			of Abatement Pro Mana					-	
Street Address								Address Ouwater L	ane, Ste	e., B				
City, State, Zip Code					8'			state, Zip Code rfield, NJ				- 111 Ser		
Project Manager for Monit	oring Firm		T	Telepho	ne No.			none No. 3-928-4888	3	License N				
Start Date (10) 1/16/2013		Schedule 1/18/2			Date (11)			of OSHA Mon I Pro Mana		t LLÇ				
Occupancy Status During	11. VA. 90. VA. 12. DE GREGORIO CON CONTRA DE GREGORIO							Address Outwater	Lana S	to R				
X Facility Closed/Vacat Abatement Performe Other – Describe:							City, S	itate, Zip Code arfield, NJ	-	ис., Б				
Scope of Work (Check All	That Apply)	We see									ne suivite	K=1		
≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf		and the same of th	lenova Jemoli				X	Mini-Enclo	sure Procedure	h Negative I			e	
		200	Locat	The second									ement	t
Location of Asbestos-Containing N <u>TO BE ABA'</u> In Facility (13)	Material (ACM) TED	Use Ma	lorma d Sole intena odial ((12)	ely by nce/		stos Con . thermal surfa		Material (ACM) s insulation, .T, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		~ .				250			ro .	
Roof	***************************************	-		X	Roc	ofing N	lateria	11		250	X			-
									1		1			
Name of Registered Waste Newark Carting	e Hauler		F	IJDEP W lauler ID 4509		of Wa	Yards ste leeded	Gro	of Registe ws Lan	ered Landfil dfill				
City, State Newark, NJ				enie e de compo		Dispo:	sal Date D		State rrisyille	e, PA				
Completed by Zvonko Veskov		Title Gen	eral	Manag	ger	1	Signature	les W	28		ate /02/2	2013		

CK 12634

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)						Owner/Operator (2	2013	IAN O D				
	13			WEX	Trust, Ir	nc. c/o City of A	tlantic City	JAN-8 PM 2	: 58			
Agencies Notified Type Notifica	ition		\neg	Street A	ddress		h 12	LICENSING				
☑ EPA ☑ Initial				101 E	3accarat	Blvd	i Ec	11000000111	想			
☑ DOLWD ☐ Amended			ı	City, Sta	ate, Zip Co	ode		T.OF WOINE				
☑ DHSS Amendme				Atlan	ntic City,	NJ 08401				2		
DCA Emergen		iaing		Name o	of Contact			Telephone Numbe	r			
(NJAC 5:23-8) justification [Cancellat				Wall	y Shields	s(Atlantic City D	ept of Bldgs)	•	1			
				FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is 7	aking P	lace (3)				Type of Facility (
109 South Lincoln Place							School (K-12) (Other than K-12)				
Street Address				-			Other (i.e., pr	ivate and commercia	al buil	dings	5,	- 1
109 South Lincoln Place							homes, etc.)					_
City (5)							Square Feet	# of Floors	A CONTRACTOR	g. Ag	е	
Atlantic City							10,000	3	9	2		
County (6)				Count	y Code (7)	(STATE USE ONLY)	The state of the s	or if being demolishe	ed)			
Atlantic							Vacant Apa					
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8	3)	ASCM N	No.	Name of Abateme						
Health & Safety Services				0011	7	Superior Aba	atement Inc				21	
Street Address						Street Address						
318 12th Street						2 Henderson	Drive					
City, State, Zip Code		-				City, State, Zip C	ode					
Hammonton, NJ 08037						West Caldwe	ell, NJ 07006					
Project Manager for Monitoring Firm			Tel	ephone N	No.	Telephone No.		License No.				
Jim Proctor			(6	509) 704	4-8850	(973) 808-16	16	00411				
	Schedu	led Co	mple	etion Dat	te (11)	Name of OSHA						
01 / 14 / 13	_02	/	1	4_/_	13	Superior Aba	atement Inc					
Occupancy Status During Abatement	(Check	only o	ne)			Street Address						
☑ Facility Closed/Vacated During En	ire Perio	od of A	Abate	ement		2 Henderson	Drive					
☐ Abatement Performed Outside of N	Iormal F	acility	Hou	rs - Des	cribe	City, State, Zip C	ode					
Time of Abatement:AM	PM		_PN	<u>-</u>	AM	West Caldwe	ell, NJ 07006					
Scope of Work (Check all that apply)						M 5 110	taiam ant with No.	antivo Prossure				
Control of the Contro		☐ Re	nova	tion		□ Full Cor □ Mini-En	ntainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Ne				☑ Gloveba	ag Procedure					
22 E100 01 01 = 200 11						☐ Non-Ex	empted (*) and No	n-Friable Procedure	_		T.	
1 1				ation					-	_	ent Ty	
Location of			Norm	lely by	Acho	Description estos Containing M		Amount	Remova	Repair	등	Enclosure
Asbestos-Containing Material (AC TO BE ABATED	M)	Ma	inten	ance/		e., thermal systems	s insulation,	(Specify	Nou	air	aps	losi
IN Facility		Cus		Staff?	,	surfacing, VA	T, or	SF or LF)	<u>a</u>		Encapsulate	лe
(13)	ŀ	Yes	(12 No		-	other miscellan	eous)				te	
- 10 II - Down		□ □			Boiler	and Tank Insula	ntion	600 SF	Ø			
Basement Boiler Room						sulation & Fitti		370 LF				
Crawlspace			=		VAT	Sulation a ritti	.30	1,500 SF			П	
1 st , 2 nd , 3 rd Floors (Kitchens)						r - Skim Coat		16,960 SF		П	П	
1st, 2nd, 3rd Floors			ഥ				Name of Regi	stered Landfill		_	_	_
Name of Registered Waste Hauler				NJDEP Hauler I		Cubic Yards of Waste	Minerva L					
Service Transport Group, Inc	W L			SW2		400						
City, State	14 1 14		,			Disposal Date	City, State Waynesb	urah OU				
New Castle, DE					0 8	2/14/2013	vvaynesb		4-	-		
Completed By (Print or Type)	Title)			0	Signature	11/11	/ Da		, ,	_	
Nick Petrovski	Pi	resid	ent	(1.00 <u>-00</u>			rel 1/1	mu! !	<u>_</u> ;	5	20	13

Ct 22634

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

ν				(ru			0.00 and 5.1		er,				
Date of Notification (1) 01 /	03 /	13			Name o	of Building (Trust, I	Owner/Operator	(2) Atlantic City (F	age 1 of 2) See	Atta	chec	Pag	ge2
Agencies Notified ☑ EPA	Type Notificati	on			Street /	Address Baccara	t Blvd	Garage Services	N -8 PH 2: €	58			
☑ DOLWD	☐ Amended					tate, Zip C		PARTIE I	State of the state of				
☑ DHSS	Amendmen				Atla	ntic City,	NJ 08401	& LI	CENSIAN Telephone Number	L			
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		ung		Name	of Contact			Telephone Number	er			
(1407/0 0.20-0)	☐ Cancellatio				Wall	y Shield	s(Atlantic City	Dept of Bldgs)	1				
					FAC	ILITY IN	FORMATION				-		
Name of Facility Where	Abatement is Ta	king Pl	ace (3)	7.7.482			Type of Facility (4	4)	111			
111 South Lincoln								☐ School (K-12)					
Street Address								Subchapter 8	(Other than K-12) vate and commerc	ial bui	ldina	s.	
111 South Lincoln	Place							homes, etc.)	vate and commerc	nai bai	9	,	
City (5)								Square Feet	# of Floors	Blo	g. Ag	je	
Atlantic City								10,000	3	9	2		
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Prid	or if being demolish	ned)			
Atlantic								Vacant Apa	rtments				
Name of Monitoring Firm	Hired by Buildin	ng Owr	ner (8	3)	ASCM I	No.	Name of Abatem	nent Contractor (9)		1582			
Health & Safety Se					0011	7	Superior Ab	atement Inc					
Street Address			- 58811				Street Address	2					
318 12th Street							2 Henderson	n Drive					
City, State, Zip Code	****				1000		City, State, Zip C	Code					
Hammonton, NJ 08	3037						West Caldw	ell, NJ 07006					
Project Manager for Mor	nitoring Firm			Tele	ephone I	No.	Telephone No.		License No.		22(0.7)		
Jim Proctor				(6	609) 70	4-8850	(973) 808-16	16	00411				
Start Date (10)	Sc	chedule	ed Co	mple	etion Da	te (11)	Name of OSHA	Monitor		12.54			
01 / 14 /	_13_	02	_ /	_1	4 / _	13_	Superior Ab	atement Inc					
Occupancy Status Durin	ng Abatement (C	heck o	nly o	ne)			Street Address						-2500
					ment		2 Henderso	n Drive					
☐ Abatement Performe	d Outside of No	rmal Fa	acility	Hou	rs - Des	cribe	City, State, Zip 0	Code			21112		
Time of Abatement:	AM	PM/_	-	_PM		AM	West Caldw	ell, NJ 07006					
Scope of Work (Check a 23 sf or ≥3 lf 2160 sf or ≥260 lf	all that apply)		Rer Der	moliti	on			ntainment with Neg nclosure ag Procedure rempted (*) and No			5 7		
				Loca lorma						Ab	atem	ent T	ype
Location Asbestos-Containing		,			ely by	Asbe	Description stos Containing N		Amount	Rer	Repair	Encapsulate	E
TO BE AB					ance/ Staff?		., thermal system	s insulation,	(Specify	Removal	ä	aps	Enclosure
IN Faci			Cusi	(12			surfacing, VA other miscellar		SF or LF)	<u>s</u>		ulat	Гe
(13)		,	Yes	No	N/A							Ф.	
Basement,1 st , 2 nd , 3	rd Floors				⊠	VAT &	Mastic		2,300 SF				
Basement]			Pipe In	sulation & Fitti	ngs	105 LF				
1 st , 2 nd , 3 rd Floors (K	(itchens)					Insulat	ion Debris		240 SF				
1st, 2nd, 3rd Floors						Wall Ti	le Mastic		1,400 SF	\boxtimes			
Name of Registered Wa					NJDEP		Cubic Yards of	Name of Regis	tered Landfill	T.		the state of the s	
Service Transport					Hauler II SW21		Waste 100	Minerva La	ındfill				
City, State		lie.					Disposal Date	City, State					
New Castle, DE							2/14/2013	Waynesbu	rgh, OH		5350-7110		
Completed By (Print or	Type)	Title			-	3.9	Signature	11/11	Da	te			
Nick Petrovski		Pre	side	ent				MAL	mm!	1-3	3 -	20	13

ASB-41 MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

								o and 5.1		Dr. A	117			
Date of Notification (1) 01 /	03 /	12					- T. S.	er/Operator ((2) (cf 2)	Property last	VER			
					1		Silect	- rage z	2013	JAN				
Agencies Notified ⊠ EPA	Type Notific	cation			Street	Address			6	JAN -8 P	M 2:5	S)		
☑ DOLWD	☐ Amende	ed		+	City S	tate, Zip C	Code		* ***	012		U		E-0.
☑ DHSS	_ Amendn		_		Oity, O	rate, zip c	oouc	14	E.	LICENSIA Telephone N	77 Hay			
DCA	☐ Emerger justificat		ng	+	Name	of Contac	rt .			Telephone No	umber			
(NJAC 5:23-8)	☐ Cancella	50				0. 00			10	4				
	1 1			-	FAC	CILITY IN	FOR	NOITAN						
Name of Facility Where	Abatement is	Taking Pla	ce (3	3)					Type of Facility (4)				
111 South Lincoln	n Place								School (K-12) Subchapter 8		.12\			
Street Address	5		I SCOT			52			Other (i.e., pri	vate and comm	nercial b	uildin	gs,	
111 South Lincoln	n Place								homes, etc.)					
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Atlantic City								= 1,0= 01#10			- 1'- 1 1\			
County (6)					Coun	ty Code (7	()(STAT	E USE ONLY)	Current Use (Pric		olished)			
Atlantic	1 lbs - 1 l - 2 - 1	II din - C	- 100		10011	Na	NI-	a of Ab-1	Vacant Apa	iments				
Name of Monitoring Fir	m Hirea by Bui	liaing Owne	er (8)	'	ASCM	NO.			ent Contractor (9)					
Street Address		- 19 55	e V					et Address			100			
							21	Henderson	Drive					
City, State, Zip Code							City,	State, Zip C	ode		-			
5 2 2 1							W	est Caldwe	ell, NJ 07006					
Project Manager for Mo	onitoring Firm		Π.	Tele	ohone	No.	Tele	phone No.		License No.		-00-51491	CAR TO THE	
							(9	73) 808-16	16	00411				
Start Date (10)	All Company	Scheduled						e of OSHA			Ţ.			
01 /14	/ _13_	02	. / _	14	_ / _	13	Su	perior Ab	atement Inc					
Occupancy Status Duri	ng Abatement	(Check on	y one	e)			Stree	et Address						
☐ Facility Closed/Vaca								Henderson	3777					
☐ Abatement Perform Time of Abatement:							1 - 1 - 2 - 2 - 2 - 2	State, Zip C						
							W	est Caldwe	ell, NJ 07006					
Scope of Work (Check	all that apply)							☐ Full Cor	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			Reno	ovatio	on			☐ Mini-En	closure					
≥160 sf or ≥260 lf			Dem	olitio	n			☐ Non-Exe	g Procedure empted (*) and Nor	n-Friable Proce	edure			
				ocati		T						baten	nent T	ype
Location				rmal	ly ly by			Description			Z	Z,	Im	m
Asbestos-Containin TO BE A			Main			Asbe	estos C e then	ontaining Ma mal systems	aterial (ACM) insulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Fac	cility	0		dial 3 (12)	Staff?		SU	rfacing, VAT	, or	SF or LF)	va a	7	Sul	sure
(13	3)	Ye	\neg	No	N/A	1	oth	er miscellane	eous)				ate	"
continued page	2 of 2		-		×					**************************************				
Rooftop Access			-	=		Transit	te Sidi	ing			×	+		
								-				+-		
				_					117	-		+		
Name of Registered W	aste Hauler		1,		JDEP \	Vaste	Cubi	c Yards of	Name of Regis	tered Landfill		1=	1	
				1.0000	auler II		Was							
City, State							Disp	osal Date	City, State					
						4 . 4 .								
Completed By (Print or	Type)	Title					-	Signature	-		Date			
17 × 1 =		11.							.7	1				

ASB-41 MAY 11



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

2000		2 10		(F	ursua	nt to NJ	AC 8	8:60 and 5:1	6)	REC	···· ()			
Date of Notification (1)		7/25/		()(I-c)	Name	e of Buildir	ng Ov	wner/Operator	(2)		-17	7/)		
	03 /	13			W	EX Trust,	Inc	. c/o City of	Atlantic City 2	013 JAN -8		0243		
Agencies Notified	Type Notific	cation		-	Stree	t Address	-	7000 7000 7000 7000 7000 7000 7000 700	70	- 644 -8	PH	2:5	64	-
□ EPA	Initial					1 Baccar	at B	lvd	6	\$ 1 10 E		0		
☑ DOLWD	☐ Amende	537639			200000	State, Zip	CALL ROOM			& LICEN	4441	The s		
☑ DHSS	Amenda		le callas a	ă.	L 1976	antic Cit				一口心时	TINE	I WEL		
DCA (NJAC 5:23-8)	☐ Emerger justificat		iuaing)		e of Contac	-			Telephone Nu	umber			
, , , , , , , , , , , , , , , , , , , ,	☐ Cancella	100			Wa	ally Shiel	ds(A	Atlantic City I	Dept of Bldgs)					
					FΔ	CILITY	VFO	RMATION				-		- 10 3 1 3 1 3 1 3 4 4 4 4 4
Name of Facility Where A	Abatement is	Taking	Place	(3)		0.2	0	TUIN THO IT	Type of Facility ((4)				
214 South Seaside		•							School (K-12					
Street Address						- 1000 C - 1000	-		☐ Subchapter 8	Other than K-				
214 South Seaside	Avenue								Other (i.e., pr homes, etc.)		nercial b	uildin	gs,	
City (5)				-	-				Square Feet	# of Floors	TE	Ildg. A	Ane	
Atlantic City									3.000	1		90	·9c	
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	-	olished)			
Atlantic						,	//	,	Vacant Hou	1000	0000)			
Name of Monitoring Firm	Hired by Buil	Iding Ov	vner (8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
Health & Safety Ser		_		9	001	17		Superior Aba						
Street Address				77 11	Section 15 control			reet Address						
318 12th Street							:	2 Henderson	Drive					
City, State, Zip Code							Cit	ty, State, Zip Co	ode					
Hammonton, NJ 08	037						1	West Caldwe	II, NJ 07006					
Project Manager for Moni	toring Firm			Te	ephone	No.	Te	lephone No.		License No.			-10-72	977
Jim Proctor				(609) 70	4-8850	1	973) 808-161	6	00411				
Start Date (10)		Schedu	led Co	ompl	etion Da	ite (11)	Na	me of OSHA M	lonitor					
01 /14 /	13	01	/	_1	8 /	13		Superior Aba	tement Inc					
Occupancy Status During	Abatement (Check	only o	ne)			Str	eet Address						
□ Facility Closed/Vacate							2	2 Henderson	Drive					
Abatement Performed							Cit	y, State, Zip Co	ode					
Time of Abatement: _	AIVI	PM/		_PN		AM	V	West Caldwe	II, NJ 07006					
Scope of Work (Check all	that apply)				-//-		******							
☐ ≥3 sf or ≥3 lf		г	7 Rei	nova	tion				ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			Der					Glovebag						
					4			☐ Non-Exe	mpted (*) and Non	n-Friable Proced	dure			
Location	of	.		Loca	ition ally						At	oatem	ent T	ype
Asbestos-Containing f		A)	Used	d So	lely by	Asbe	stos	Description o Containing Ma		Amount	Re	70	m	ᄪ
TO BE ABA	TED				ance/ Staff?		., the	ermal systems i	insulation,	(Specify	Removal	Repair	န္	Enclosure
IN Facilit (13)	У		Cust	(12				surfacing, VAT, her miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)			Yes	No			Ot	ner miscenarie	ous)				at e	
1 st Floor	37/					Linoleu	m	-		500 SF	\boxtimes			П
			=+		-	Linoica				300 31		닏	닏	
		l l	_								ᆜᆜ	Ш	Ш	
	, "	1												
		1									П	П	П	П
Name of Registered Wast	e Hauler			1	NJDEP N	Vaste	Cut	oic Yards of	Name of Registe	ered Landfill		1-		-
Service Transport G	roup, Inc			1	lauler II		Wa		Minerva Lar					
City, State			2311-2		SW21	17		oposal Date	City, State	market 1909				
New Castle, DE							1000	/18/2013	Waynesburg	ah OH				
Completed By (Print or Ty	ne)	Title							- Trayllesbull		Data .			
Nick Petrovski	he)	2.200.00	side	nt		¥.		Signature	////		Date			
MOK I GU OASKI		FIE	Siuti					-and	1-1/1/2	22211	1-3	2	201	3

ASB-41

MAY 11

CK #250/6

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	/3/13		\neg	Name	of Building	Owner/Operator	r (2) Irs. Barbara N	Jelson 2012 14				
Agencies Notified	Type Notification	ı		Street	Address		market areas	2010 07,	'' - '	7	i Z	;
EPA (Initial Amended	\$	L			<u> </u>	704 River F	Ca /	152		-44	12
☐ DEP DOL	Amendment #		-	City, S	tate, Zip C		Ewing, NJ 08	628	.ICE	NB	NG	18
M DOH □ DCA	justification) Cancellation			Name	of Contac Ba	t ırbara Nelson		Telephone Numb	er			_
				FAC	ILITY INF	ORMATION		in the second second				
Name of Facility Where		ng Place sidenc					Type of Facility ☐ School (K-1	2)				
Street Address	1310 Lay	vrence	e Ros	ad			Other (i.e., p	8 (Other than K-12 private & commerci	2) al buil	dings,		
City (5)	1310 Lav	VICHO	C IXU	ad			homes, etc.	# of Floors	В	dg. A	ge	
Oily (0)	Lawrence	ce Tw	p., N				1400	2	. _	8	0	
County (6)	Mercer			Cour	ty Code (7 ONLY)) (STATE	Current Use (P	rior if being demolis Residence	shed)			
Name of Monitoring Fire		Owner		ASCM	No.		ment Contractor (9					
(8)	MECS			-			vens Environ	mental Service	es, Ir	ıc.		_
Street Address	DO D 24	1				Street Address	PO I	30x 322				
City, State, Zip Code	PO Box 34	-1				City, State, Zip (JOX 322				
	rosswicks, NJ	0851:	5					n, NJ 08501				
Project Manager for Mo				phone		Telephone No.	FO 0600	License No.	0.40	,		
	eisgarber Jr.				8-4070		59-9688		049	3		_
Start Date (10)	Sche	eduled C	100		te (11)	Name of OSHA		IECS				
1/14/13 Occupancy Status Dur	ing Abatement (Che		(16/	13		Street Address						_
☐ Facility Closed/Vaca				ment			PO I	30x 341				
☐ Abatement Perform Control Control			ty Hou	rs		City, State, Zip		ks, NJ 08515				
Scope of Work (Check			***									_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-Er ☑ Gloveb	intainment with Ne nclosure pag Procedure		nom III			
-		T le	Location	on.		Non-Ex	cempted (*) and N	on-Friable Procedu		bate	nent	_
		N	lormally	/				X1		Тур		
Location Asbestos-Containing		Mai	d Solel ntenan	ice/		Description of tos Containing Ma	aterial (ACM)	Amount	Z	R	Е	
TO BE AB/	ATED	177	ustodia Staff?	26520	(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Removal	Repair	ncap	Litoroadio
(13)	ny		(12)			other miscellane	eous)	The state of the s	va	-	Encapsulate	0
		Yes	No	N/A							e	
Basen	nent			×	Th	ermal Pipe Ir	sulation	120 lf	×			
								-	-			
				I I I I		L Cubic Varda	Name of Des	stered Landfill				
Name of Registered W		ec Inc	1	NJDEP I	No.	Cubic Yards of Waste	Ivalle of Reg	T.R.R.F., In	nc.			
City, State	intental Servic	CS 111C	<u>- .</u>	182	292	2 CU Disposal Date	City, State	/		-	_	_
Oity, State	Allentown,	NJ				1/16/13,	AN /	/ Tullytown,	PA	23		
Completed By Mahlon E. S	Tit	tle	roiec	t Mar	nager	Signature		Date	1/3	/13		
		200		* TATELLE								_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

CK 25017

Date of Notification (1)		The second		Name	of Buildin	g Owner/Operator	(2)		*/ *_)
	1/3/13		e .			M	rs. Barbara N	Telso 2013 JAN	-8	D:	_	_
Agencies Notified	Type Notification			Stree	Address	7	704 River R			111	7:	58
EPA DEP	Amended			City, S	State, Zip C	Code	70,111,011	628 & L/C	- D (· (44)	TR	<u> </u>
DOL	Amendment #		9				Ewing, NJ 08			SIN	G	
DOH DCA	justification) Cancellation			Name	of Contac	t arbara Nelson		Telephone Numb	per			
				EAG		ORMATION					-	_
Name of Facility Where	Abatement is Takin	g Place	e (3)	FAC	JILIT INF	ORIVIATION	Type of Facility	(4)				_
		idenc					School (K-1	2)				
Street Address	704 R	iver	Rd.				Subchapter Other (i.e., p	8 (Other than K-12 rivate & commerci)	2) al buil	dings	,	
City (5)	D.v.;	na N	T T				Square Feet 3500	# of Floors	В	ldg. A	ige 00	
County (6)	EWI	ng, N	<u> </u>	Cour	nty Code (7) (STATE	Market Co.	rior if being demolis	hed)		0	_
	Mercer			USE	ÓNLY)			Residence				
Name of Monitoring Fire (8)		Owner		ASCM	No.	The state of the s	nent Contractor (9	The Designation of the Control of th	. т.			
Street Address	MECS					Street Address	ens Environi	mental Service	28, 11	ic.		_
Street Address	PO Box 34	1				Otrectridatess	PO I	30x 322				
City, State, Zip Code			20			City, State, Zip C		NII 00501				
	crosswicks, NJ	0851.				T-1b No	Allentow	n, NJ 08501			_	_
Project Manager for Mo William W	onitoring Firm Veisgarber Jr.		8 2 7 3 5	ephone 19) 29	No. 8-4070	Telephone No. (609) 25	59-9688	License No.	049	3		
Start Date (10)		duled C	-	tion Da		Name of OSHA		1				_
1/15/13			1/18/	13			M	ECS				_
Occupancy Status Duri		and the state of t				Street Address	PO F	30x 341				
☐ Facility Closed/Vaca ☐ Abatement Performs						City, State, Zip C		70X 541				_
Other - Describe:	8AM - 4:30PM	[cs, NJ 08515				_
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovat emolitic		J.	☐ Mini-En	ag Procedure	gative Pressure	re			
			Locatio						T A		ment	
Location		Used	omally Solel	y by	10.0	Description of			-	Ту		
Asbestos-Containing TO BE ABA		C	ntenar ustodia	al	Asbes (i.e.,	tos Containing Mar thermal systems i	nsulation,	Amount (Specify	Ren	Repair	Enc	Enc
IN Facili	ty	,	Staff? (12)			surfacing, VAT, other miscellane		SF or LF)	Remova	ai.	Encapsulate	Enclosure
(1.5)		Yes	No	N/A					-		late	Ø
Basem	ent			X	Th	ermal Pipe In	sulation	400 lf	X			
				-	_				_			
	Shi Marina											
Name of Registered Wa		_	I	JDEP \ lauler iD	A STATE OF THE PARTY OF THE PAR	Cubic Yards of Waste	Name of Regi	V 250 ASS - 0				
Stevens Environ	mental Service	s Inc			292	5 CU Disposal Date	City, State /	/ T.R.R.F., Ir	ıc.			_
City, State	Allentown, I	ŊJ			* *	1/18/13 /	Ny, State	Tullytown,	PA			
Completed By	Title)	***			Signatura	11/	Date		10.5		_
Mahlon E. St	evens	Pı	rojec	t Mar	ager	_ 44	//		1/3	/13		_

UK 092971

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		77. 5 /6 /6	2012-12-1		
Date of Notification (1)	Name of Bu	DUISTAN CH	emicals	1-8 PH 2:5	is.
Agency Notified Type Notification	1	255	D- 2 3 5-	1	
LI EPA Trilligh	City, State, 2	00 () Ohemus	AUGU	CENSINE	L.
Emergency (i	# A101	NANC, NI	071	05	
DOH Justification)		Tones	Tolonhan		
		NFORMATION			
Name of Facility Where Abatement is Takin	ng Place (3)	Type of Facili	ity (4)		
ECCUSTAN (Stemicals	☐ School (K-	12)		
300 DONCMU	us Auc	Corner (i.e. homes, etc	r 8 (Other than K-12) private & commercial bu	(F-0)(0)	
Newane		CFS, GOD	# of Floors B	Hdg Age 4	
County (6)	County Code CNLY)		Prior if being demolishe	d)	
sine of Monitoring Fem Hired by Building		Name of Abatement Contractor	(9)	uny	5
EHI		JW Herita	ise Coast	nuction Je	aut
655 West SHow	Track	PO MOX 37)4		
lly, State, Zip Code	4.5CV 00801	City, State, Zip Code	£	NJON	21.
Great Manager for Monitoring Firm	Talophone No.	HACKetts	License No.	07 07	40
MILL KENDEL and Daglia (10) A Schooligilis	973-729-564		00768	>	
1/4/13	od Completion Date (11)	Name of OSHA Monitor			
ccupancy Status During Abatement (Check	confly one)	Street Address			
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal I Other - Describe: Le Suche A	iod of Abstement Facility Hours C/S MAR (City, State, Zip Code	<i>V</i>		
ope of Work (Check all that apply)	70 3	-/-			
≥3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf	• GRenovation © Demolition	G Full Containment with D Mini-Enclosure D Glovebag Procedure D Non-Exempted (*) an			
	Is Location '	G NOT-Examples (1) 3n	Non-Philip Procedy	Abglement	
Location of	Normally Used Solely by	Description of	2	Type	*
Asbestos-Containing Material (ACM) TO BE ABATED	Maintonanco/ ASDC	estos Containing Material (ACM)	Amount	20 70 50 50	
IN SECURITION		, thermal systems insulation.	(Specify	12 2 6 6	
IN Facility (13)	Custodial (I.a Staff? (12)	surfacing. VAT. or other miscellaneous)	(Specify SF or LF)	apsula apsula Repair	
IN Facility	Staff?	surfacing. VAT. or	(Specify SF or LF)	Enclosuse Encapsulate Repair Removal	
IN Facility	Staff? (12)	surfacing. VAT. or	SF or LF)	enoval	
IN Facility (13)	Staff? (12)	surfacing, VAT. or other miscellaneous)	SF or LF)	closure apsulate tepair anoval	
IN Facility (13)	Staff? (12)	surfacing, VAT. or other miscellaneous)	SF or LF)	closure apsulate tepair	
Hipping loom	Steff? (12) Yes No N/A NJDEP Waste Hauler	Surfacing, VAT. or other miscellaneous) ODA [[[V]] Cubic Yards of Name of Regis	SF or LF)	closure closur	š.
Hipping loom	Steff? (12) Yes No N/A	Surfacing, VAT. or other miscellaneous) ODA [[[V]] Cubic Yards of Name of Regis	SF or LF)	closure apsulate tepair	
IN Facility (13) HUPPING TODM THE OF Registered Waste Hauler ASTE MANASCME AT State	Steff? (12) Yes No N/A NJDEP Waste Hauler	Surfacing, VAT. or other miscellaneous) Other miscellaneous) Cubic Yards of Waste G Rogis Dispipsal Date City, State	SF or LF) 315 plk stered Landfill WS		
IN Facility (13) HUPPLY LODM THE OF REgistered Waste Hauler ASTE MANASCME AT State State	Steff? (12) Yes No N/A NJDEP Waste Hauler	Surfacing, VAT. or other miscellaneous) Other miscellaneous) Cubic Yards of Waste G Rogis Dispipsal Date City, State	SF or LF)		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1212-1713 Check #: 2973

									(A 14.74)		1.3			
Date of Notification 1/3/13	(1)		- 1		e of E		277000	Owner / Operator		of two	_,}			
Agencies Notified	Type N	otification			et Ado			3301	- 2013 JA	N -8 PM 2:		-		-
	Type IV	Otification			Patt		50	1110		. 0 FM 2:	58			
□ DEP		Initial		110000000000000000000000000000000000000	State	No. of the last of	2557412 http://doi.org/							
⊠ DOL		Amended								ICENSING	964 I			
								08854	Gr L	ICENSILLO"	UL I			
□ DOH □ DCA		Emergency Cancellation	- 1		e of (Nusser			Telepho	ne i	umb	er
		Cariconation		encerorena en		•		ORMATION			<u> </u>	_	•	-
NI	1 A I-				ACIL	111	INF		L. (4)					Z
		atement is Taking P	iace (3)				Type of Facility						
Residential Prop	erty						-	School (F						
Street Address									ter 8 (Other th					
15 Holly Hill Driv	/e							The state of the s	e. private & co	mmercial buildi	ngs, hom	ies, e	etc.)	
9								Square Feet	# of FI	oors	Bldg. Ag	е		
City (5)		County (6)	Co	unty	Cod	e (7)		1400	1		60 year	S		
Toms River		Ocean				. ,		Current Use (Prior if heing	demolished)	oo you.	_		
I OIIIS KIVEI		Ocean							_	demonstred)				
				_				Residential		3			_	
		ired by Building Ow	ner (8)	1	A:	SCM	l No.			CONTRACTOR				
Horizon Environ	mental									rvices, Corp.				
Street Address								Street Addres						20
PO Box 316	- 0							3859 Sylon						
City, State & Zip Co	ode						City, State & 2	Zip Code						
Thorofare, NJ 08	ect Manager for Monitoring Firm							Hainesport,	NJ 08036					
Project Manager fo	r Monito	ring Firm	Tele	ohon	e Nu	mbe	r	Telephone Nu	ımber	License	Number	9-1-15		
	ve or Steve Flanigan							609-702-040	00		0086	52		
Scheduled Start Da		Scheduled Co	mpleti	on D	ate (11)		Name of OSH	A Monitor					
1/16/13	10 (10)	1/21/13		J., J	u.o (,		EMSL Analy						
1001 BURGUERUS	During /	Abatement (Check o	nly on	۵)				Street Addres						
Facility Clo	sed\/ac	ated During Entire F	Period	of A	hater	nent		107 Haddon	Angles .					
		ed Outside of Norm			Date	HOHE			THE RESERVE THE PARTY OF THE PA					
	Periorii	ied Outside of North	ai Hoi	JIS				City, State & 2						
Describe:								Westmont,	NJ 08108					
									111111111111111111111111111111111111111					
Scope of Work (Ch	neck all t	hat apply)												
24-220			102-2020							ontainment with	Negative	Pre	ssure)
≥3 sf or ≥3	lf		\boxtimes	Re	enova	ation			Mini-E	nclosure				
≥160 sf ≥26	60 If			De	emoli	tion			Glove	Bag Procedures	3			
			- Total Control Control						Non-E	xempted and No	on-Friable	e Pro	cedu	ıre
L	ocation	of	Is	Loca	ation	- 1		Description	of .	Amount	Aba	atem	ent T	vpe
	stos-Con				/ Use	d		Asbestos-Conf		(Specify		T		T -
	terial (A			olely				Material (AC	CM)	SF or LF)			ш	l
ТО	BE ABA	TED	Mair	itena	ance (or		(i.e., thermal sy	ystems		Remova	Z,	Ca	Enclsoure
	in Facilit	у	Cust	odia	I Staf	f?	i	insulation, surfac			10	Repair	psı	Iso
	(13)			(12	2)			or other miscella	aneous)		l a	=	Encapsulate	l re
			Yes	No	N/	/A							Ф	
Crawlspace			\Box	T		7 P	Pine	Insulation		60 LF		П		\Box
			H	H				r Wrap on Du	stwork	110 LF		片	H	H
Crawlspace	- V		H	┼늗			ape	a waap on Duc	CLANOLK	TIULI		H	님	H
			H	 ⊨						-		닏	님	님
												Ш	Ш	
				L						E.I.				
				П		a						П		
Name of Registere	d Waste	Hauler		IN			aste	Cubic Yards	Name of Re	gistered Landfill	1			
					laule			of Waste						
Horizon Dispos	al				2	2612		4	GROWS					
City, State			1					Disposal Date	City, State	V 1 4			- 1	
Trenton, NJ								1/22/13	Morrisville	ΡΔ				
				5 -	":A! -			1	INCLUSABLE	,	In .			
Completed By (Pri	COCCAY	e)			itle			Signature			Date	4.5		
Kim Trumbet	ti			1	Adm	ıın.		PAN .			1/3/	13		8
								MALL			10.00			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job Number: 1211-1689

Check: #NA

Date of Notification (1)			Nan	ne of	Buildi	ng Owner / Oper	rator (2)	- FP I	Para Para				
11/6/12			Joh	ins N	Manvi	ile	ator (2)		CETY	EPA			
Agencies Notified Type N ☐ EPA	otification	15	Stre	et Ac	dress		20	13.141	1-8 PM	~ <i>[]</i>	_		
	Initial				Stree			OHI	-8 nu				03
	Amended #2 ON F	401 D	City	, Stat	te & Zi	p Code	· 12/14	g	- 11	< 58			
N 2000	Emergency	IOLD	Nam	iver,	Conta	0202		p 11	137				
	Cancellation					ા , Sourcing Ma	noger	LIC	ENAMA	Teleph	one	Nuṇ	nber
		-					mager		ENSING				
Name of Facility Where Aba	tement is Taking	Place (3)	ACIL	.11 7 11	NFORMATION Type of Fa	noilite (4)						
Johns Manville- Penbry	n Plant		٠,				ol (K-12)						
Street Address							napter 8 (Other	than K	-12)				
437 North Grove Street							(i.e. private &	comme	rcial buildir	nas ho	mes	etc	١
City (E)						Square Fe	et # of	Floors		Bldg. A		Olo.	
City (5) Berlin	County (6)	Co	ounty	Cod	e (7)	NA				3	3-		
beriin	GLE					Current Us	e (Prior if being	g demo	lished)				
Name of Monitoring Firm His	and by Building O	(0)				Plant							
One Source Safety & He	ed by building Ow	mer (8)		AS	SCM N		batement Cont	ractor (9)				
Street Address			-			Street Add	& Mold Sen	vices,	Corp.				11
140 South Village Avenu	e-Suite 130						n Boulevard						
City, State & Zip Code						City, State	& Zip Code				_	_	
Exton, PA 19341						Hainespo	rt, NJ 08036						
Project Manager for Monitori Brian Hovendon	ng Firm	Telep				Telephone	Number		License N	Vumber			
Scheduled Start Date (10)	Scheduled Co	610-				609-702-0	A. C.			008	62		
11/19/12	1/19/13	mpietic	אָט ווע	ate (1	1)	EMSL An	SHA Monitor						
Occupancy Status During			==	_	-	LIVIOL AII	aiyticai						
Facility Closed/Vac			0	N	HC	LD							
Abatement Perform			O	11	110	LD		-				_	
Describe:	AL												
Facility Occupied Du Scope of Work (Check all that	at apply)												
	и арріу)							ontoine					
≥3 sf or ≥3 lf			Rer	novat	ion		☐ Mini-E	nclosu	nent with N	egative	Pre	ssur	е .
≥160 sf ≥260 lf			Der	moliti	on				ocedures	Ŷ.			
12			il .				Non-E	xempte	ed and Non	-Friable	e Pro	cedi	Ire
Location of Asbestos-Conta	ining		ocat			Description	on of	T	Amount	Aba	atem	ent 7	уре
Material (ACI		Norm	lally l			Asbestos-Co Material (/	ntaining		(Specify	10000			7,00
TO BE ABATE	<u>ED</u>	Maint	enan	ice or	-	(i.e., thermal	systems	5	SF or LF)	Z,	_	E	ū
in Facility (13)		Custo		Staff?	?	insulation, surfa	acing, VAT			Remova	Repair	aps	100
(10)		Yes	(12) No	N/A		or other misce	llaneous)			val	ä.	Encapsulate	Enclosure
'H" Roof			×			naita David D						Ф	
'H" Roof		H	X	H		nsite Deck Par f Field	nels	2,400					
		H	H	H	NOO	rieid		17,40	00 SF				
		H	Ħ	H						᠆님		Ц	
				П			-	+-		내님	님	님	
						- See				님	님	H	H
lame of Registered Waste H	auler		NJI	DEP	Waste	Cubic Yards	Name of Reg	gistered	Landfill		Ш	Ц	Ш
lorizon Disposal			Hai	uler II 226	D No.	of Waste			(*				
City, State				220	12	30	GROWS La	andfill	100	9 91		4	
renton, NJ						Disposal Date 1/19/13	City, State	DA					TO-KS (
completed By (Print or Type)			Title	e .	-	Şig#ature	Morrisville,	PA		-	_		
(im Trumbetti			750	min.		January				Date	4.0		
	N. Comment				(FOLY L	, /			11/9/	12		

'No Check

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name of Building Owner/Operator (2)												
12 / 19 / 2012					Sunoco Partners Marketing and Terminals 8 L PH 2136 Point Facility											ty
Agencies Notified X EPA	Street Address 1240 Crown Point Road City, State, Zip Code Westville, NJ 08093-1000															
☑ DOLWD ☑ DHSS	Amended Amendment	#		City, State, Zip Code Westville, NJ 08093-1000												
☑ DCA (NJAC 5:23-8)	☐ Emergency (justification)			Name of Contact							Telephone Number					
	☐ Cancellation		Do	rothy	y Rurak		100								_	
				F	ACIL	ITY INFO	ORM/	ATION								
Name of Facility Where A	Abatement is Taki	ing Place	(3)		<u> </u>					e of Facility (4						
Sunoco Partners Ma	rketing and T	'erminal	s, I	J.P.	- Ea	igle Poi	int F	acility	- 1 Subchapter 8 (Other than N-12)							
Street Address 1240 Crown Point I	Road								X	Other (i.e., pri homes, etc.)	vate and comme	rcial b				
City (5) Westville, NJ 0809	22-1000	-							Sq	uare Feet N/A	# of Floors N/A	E		. Age /A	•	
County (6) Gloucester				Co	ounty (Code (7)(S	STATE	USE ONLY)								
	Tiller of her Decilelies	a Oumar /	0)	ASC	M No.	11	Vame	of Abateme	ent (Contractor (9)		1				
Name of Monitoring Firm Kenny Atlantic Ind	Hirea by Building Hustrial Serv	ices, L	LC.	AGC	AVI 140.	F	Kenny	Atlanti	c I	industrial	Services, LL	c. ——				
Street Address								Address								
800 Billingport Ro	oad							Billingpo		Road						
City, State, Zip Code						100		State, Zip Co		8086						
Paulsboro, NJ 0808			-				Paulsboro, NJ 08086 License No.									
Project Manager for Mor	nitoring Firm				ne No 91-59		Telephone No. (856) 491-5934 00857									
Start Date (10)		etion	etion Date (11) Name of OSHA M				Monitor Lic Industrial Services, LLC.									
·	2012		3:	<u></u>						Industrial						
Occupancy Status Durin	g Abatement (Ch	eck only	one)		Street Address ment 800 Billingport Road											
☐ Facility Closed/Vacat	ted During Entire	Period of mal Facilit	Abat v Ho													
Time of Abatement:	AM	_PM/	_PN	MAM Paulsboro, NJ 08086												
Scope of Work (Check a	all that apply)							□ Full Con	tain	ment with Neo	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ R ⊠ D	707					☐ Mini-End	clos aa P	ure rocedure		lure				
								LI NON-EX	rempted (*) and Non-Friable Procedure Abatemen					nt Type		
Locatio Asbestos-Containing TO BE AB IN Fac (13)	Nomed Seaintenstodia (1:	nally olely b nance al Stat 2)	olely by nance/ (i.e., thermal systems surfacing, VA				aterial (ACM) Amount s insulation, (Specify T, or SF or LF)		-	Removal	Repair	Encapsulate	Enclosure			
		Yes	+	-	N/A	Thermal	evel	tems insu	ılat	ion	3000LF/1500S	F [X]	X		
Various outdoor a	reas		1	-	<u>-</u>	Illermar	By S					-	=			
			-	_	_							1	5			
		- -		-								-	-	$\overline{\Box}$	П	П
								<u> </u>	1							
Name of Registered Waste Hauler					DEP Wiler ID	No.	Was	c Yards of te	Clougester County Landfill							
Waste Management of New Jersey					17323 800 (estimat Disposal Date				nated)							
City, State				Various			Swedesboro, NJ									
Camden, NJ								Signature				Date				
Completed By (Print or Dorothy Rurak	rype)	100000000000000000000000000000000000000	Environmental Specialist								*	12/	19/	201	2	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	-	NE OF W	Name of Building Owner/Operator (2)											
01/04/12				Name of Building Owner/Operator (2)										
Month/Day/Year				2014										
Agency Notified	Type Notification	on		Street Add	Iress		ZUI3 JAN	-8 D	14 -					
EPA	x Initia		r.	P.O. box 2	158	t .	2013 JAN -8 PM 2: 58							
DEP ·	Not	ificat	ion	City, State	e, Zip Code		Arresto L.							
DCA	Ame	nded		Princeton	1900 190 0 1900 1900 1900		- M- 014	うし書	11/18	1 1				
DOH		ificat	ion	Name of C			Ge Felen	hone Nu	mber	L				
2011		ellati		Robert Ot	ego				,					
		-	-		TY INFORMAT	ION								
N			(3)	FACILI	I INFORMAT	ION	Ππ (F (4)				-			
Name of Facility Where Aba Princeton University Fir			A CONTRACTOR OF THE PARTY OF TH	ı stair			School (K12	Type of Facility (4) School (K12) Subchapter 8 (Other than K12)						
Street Address	0.0000					X Other (i. e. F								
Firestone Library							buildings, h	omes, etc	:.)					
							Square Feet # of F		Bldg. A	\ge				
City (5)	Cour	ity (6)		County Code	(7)	100000	4 50+						
Princeton			ž.	(STATE USE ONLY)										
							University							
Name of Monitoring Firm H ATC Associates, Inc	lired by Building C	wner	(8)		ASCM No.		of Abatement Contractor (9) iated Specialty Contracting							
Street Address						Street	Address							
3 Terri Lane						98 La0	Crue Avenue							
City State Tin Code						City S								
City, State, Zip Code Burlington NJ 08016					Glen N	City, State, Zip Code Glen Mills, PA 19342								
Project Manager of Monitor Mike Keehn						phone Number Licence Number 364-9622 1103								
Scheduled Start Date (10)		Sche	d. Con	npletion Date	(11)	Name	of OSHA Monitor							
01/16/13				01/31/13		Criter	ion Labs							
Month/Day/Year	1/2/		M	onth/Day/Yea	ar									
Occupancy Status During A			65.55				Address							
Facility Closed/Vaca	ted During Entire	Perio	d of Ab	atement		3370 P	Progresive Drive							
x Abatement Performe	ed Outside of Norm	ial Fa	cility			1	, State, Zip Code							
Hours - Describe: _ Other - Describe:	7:00 AM - 3:30	PM				Bensal	em PA 19020							
						Ш	F. II C	NI 4!	. D					
Scope of work (Check all tha	it apply)					Full Containment with Negative Pressure Mini - Enclosure								
Demolition			x	Renovation			Glovebag Procedure							
>3 sf or >3 if														
x >160 sf or >260 lf						x	Non-Friable Procedure							
		Is					*	Alt	atement	1				
Location of	1	cation			ription of		12/11/20/20/11/20/20			E	E			
Asbestos - Containing		rmally	Y	2000	os-Containing		Amount	R	n	N	N			
Material (ACM)		sed			rial (ACM)		(Specify	E	R	C	C			
TO BE ABATED		lely		100	ermal systems		SF or	M	-	A	L			
In Facility		Main		. Allen in Alberta Committee and the	surfacing, VAT	•	LF)	0	P	P	0			
(13)		ance/		or other	miscellaneous)			v	A	S	S			
		stodia						A	I	U	U			
		ff (12		-				L	R	L	R			
3rd floor main stair	Yes	No	N/A	floor tile &	mostio		60 SF	x	+	-	E			
3rd noor main stair		x		noor the &	. mastic		00 31	+	-	-				
			-					+	+	_				
		-	-			-		+-	+					
Name of Registered Waste H	Iguler		NID	EP Waste	Cubic Yards		Name of Registered La	ndfill						
	tauter		422	er ID No.	of Waste			nam						
Horizon Disposal	5			GROWS										
City, State	Disposal Date			City, State										
Trenton NJ	As needed			Morrisville PA										
Completed By (Print or Type) Title				ot Mana	7.	Mark Lishin 1-4-10					·			
Mark Goshow			Proje	ct Manager	*	1//	100 Wyshin	· ·		1-4	12			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7) Name of Building Owner/Operator (2) Princeton University Month/Day/Year Agency Notified Type Notification Street Address **EPA** Initial P.O. box 2158 DEP Notification City, State, Zip Code DCA Amended Princeton NJ 08543 DOH Notification Name of Contact Telephone Number Cancellation Robert Otego FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University -- 132-134 Alexander street School (K12) Subchapter 8 (Other than K12) Street Address Other (i. e. Private & commercial Bldg 132-134 Alexander Street buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 5000 50+ Princeton (STATE USE ONLY) Current Use (Prior if being demolished) University Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Pennoni Associates Inc Associated Specialty Contracting Street Address Street Address 515 Grove Street Suite 1B 98 LaCrue Avenue City, State, Zip Code City, State, Zip Code Haddon Heights NJ Glen Mills, PA 19342 Project Manager of Monitoring Firm Telephone Number Telephone Number Licence Number Alan Lloyd 856-547-0505 610-364-9622 1103 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 01/16/13 03/31/13 Criterion Labs Month/Day/Year Month/Day/Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 3370 Progresive Drive Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: ___ 7:00 AM - 3:30 PM Bensalem PA 19020 Other - Describe: _ Scope of work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini - Enclosure >3 sf or >3 if Glovebag Procedure >160 sf or >260 lf Non-Friable Procedure Abatement Type Location of Location Description of E E Asbestos - Containing Normally Asbestos-Containing Amount R N Material (ACM) Used Material (ACM) (Specify E R C C TO BE ABATED Solely (ie. Thermal systems SF or M E A L In Facility by Maininsulation, surfacing, VAT, P 0 P LF) 0 (13)tenance/ or other miscellaneous) V S A S Custodial I U U A Staff (12) R L L R Yes No N/A E Bldg 132 - exterior window glazing 360 LF Bldg 134 - exterior 342 LF window glazing Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Horizon Disposal GROWS City, State Disposal Date City, State Trenton NJ As needed Morrisville PA Completed By (Print or Type) Title Signature Date

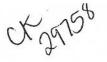
Project Manager

ABS-41

Mark Goshow

JUN 95

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)

Date of Notification (1) 01/04/13 Month/Day/Year Agency Notified Type Notification					Building Owner/ University	2013 JAN -8 PM 2:58							
				Street Address									
				P.O. box									
DEP	1	otifica	37170701		City, State, Zip Code								
DCA		ended			Princeton NJ 08543								
DOH		otifica		1	Name of Contact Telephone Number								
	Car	ncellat	ion	Robert O					-				
				FACILI	TY INFORMAT	TION							
Name of Facility Where Abar Princeton University Street Address	Place	(3)				Type of Facility (4) School (K12) Subchapter 8 (Other than K12) X Other (i. e. Private & commercial							
116 Alexander Street								homes, et					
			nicis.				Square Feet # 0	f Floors	Bldg.	Age			
City (5)	Cor	ınty (6)		County Code	(7)	5000	2	50+	227			
Princeton	:				(STATE USE ONL)	Y)	Current Use (Prior i	f being de	molished	1)			
T			(0)		1.000.00	11	University						
Name of Monitoring Firm Hi Pennoni Associates Inc	ired by Building	Owne	(8)		ASCM No. Name of Abatement Contract Associated Specialty Contract								
Street Address 515 Grove Street Suite 1B			Address Crue Avenue										
City, State, Zip Code Haddon Heights NJ			18	*		ity, State, Zip Code len Mills, PA 19342							
Project Manager of Monitor Alan Lloyd			I II			hone Number 64-9622	Licence Number 1103						
Scheduled Start Date (10)		Sch	ed. Co	npletion Date (11)			Name of OSHA Monitor						
01/16/13				03/31/13			Criterion Labs						
Month/Day/Year			M	Ionth/Day/Ye	ar								
Occupancy Status During Ab	atement (Check	only o	ne)	V	- 7.2-1920 T. C.	Street	Address			***************************************			
Facility Closed/Vacat	ed During Entire	Perio	d of Al	batement		3370 Progresive Drive							
x Abatement Performe	d Outside of Nor	mal Fa	cility			City, S	y, State, Zip Code						
Hours - Describe:	7:00 AM - 3:30	PM				11	lem PA 19020						
Other - Describe:													
Scope of work (Check all that							E-II C4-14-1	I. N					
x Demolition	apply)			Renovatio	_2	Full Containment with Negative Pressure							
				Renovatio	п		Mini - Enclosure						
>3 sf or >3 if							Glovebag Procedure						
x >160 sf or >260 lf						x	Non-Friable Procedu	re					
		Is						Ab	Licence Number 1103 Licence Number 1103 Licence Number 1 103				
Location of	10000	ocatio			cription of					E	E		
Asbestos - Containing		ormall	y		os-Containing		Amount	R	1	N	N		
Material (ACM)		Used		The second secon	rial (ACM)		(Specify	E	11 723	C	C		
TO BE ABATED		olely			ermal systems		SF or	M	E	A	L		
In Facility	- 0.5	Mair Mair			, surfacing, VAT	,	LF)	0	P	P	0		
(13)	10.00	nance		or other	miscellaneous)			l v	2000	20000	9223		
		istodia						A	200	3357			
		aff (12		1		1		L	R	L	2000		
Bldg 116 exterior	Yes	No x	N/A	window gla	azing		560 LF	x	-	-	E		
Bldg 116 exterior		x		window car		_	252 LF	x	┼	_			
2.00 miles 200 m a		-	+					-	-				
A COMMITTEE OF		1				-			1				
Name of Registered Waste Ha	EP Waste er ID No.	Cubic Yards of Waste		Name of Registered Landfill									
Horizon Disposal	19			20		GROWS							
City, State Trenton NJ		Disposal Date City, State As needed Morrisville PA				1							
Completed By (Print or Type) Mark Goshow Title Proie				ect Manager		Signatu	Tait Ish		×	Date	1-17		
ARS-41				-		//	juli Tru			/ /			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)

						1"	for 1 h m	111000					
Date of Notification (1) 01/04/13 Month/Day/Year			Name of Building Owner/Operator (2) Princeton University 2013 JAN -8 PH 2: 58										
	Notification		Street Address PH 2: 58										
EPA (x	Initial	i	P.O. box 2	2158	A Add Comment								
DEP	Notificat	ion	City, Stat	e, Zip Code	& LICENES TROL								
DCA	Amended		Princeton	NJ 08543			-115	11717	w.				
DOH	Notificat Cancellat		Name of Contact Robert Otego										
	Cancenac	ion .		TY INFORMAT	TION					-			
Name of Facility Where Abatement is Princeton University	Taking Place	Type of Facility (4) School (K12) Subchapter 8 (Öther than K12)											
Street Address Bldg 144 Alexander Street			x Other (i. building	e. Private & s, homes, etc	comm	ercial							
City (5)	County (0		County Code	(7)	Square Feet #	of Floors 2	Bldg.	Age				
Princeton	County ("		(STATE USE ONL		Current Use (Prior University			i)				
Name of Monitoring Firm Hired by B Pennoni Associates Inc	uilding Owner	(8)		ASCM No.		of Abatement Contra							
Street Address 515 Grove Street Suite 1B		5.1	NUT			Address Crue Avenue							
City, State, Zip Code Haddon Heights NJ	7-	- 10	City, State, Zip Code Glen Mills, PA 19342										
Project Manager of Monitoring Firm Alan Lloyd	Telephone 856-547-0			Telephone Number Licence Number 610-364-9622 1103									
Scheduled Start Date (10) 01/16/13	Sch	ed. Con	npletion Date 03/31/13		11	nme of OSHA Monitor riterion Labs							
Month/Day/Year			onth/Day/Ye	ar									
Occupancy Status During Abatement					11	Address	2.3						
Facility Closed/Vacated Durin			atement		3370 Progresive Drive City, State, Zip Code								
X Abatement Performed Outside Hours - Describe: 7:00 A Other - Describe:		icinty			11	lem PA 19020							
Scope of work (Check all that apply)					Ш	Full Containment w	vith Negative	Pressi	re				
x Demolition			Renovatio	n	Mini - Enclosure								
>3 sf or >3 if				ATV		Glovebag Procedure							
x >160 sf or >260 lf					x	x Non-Friable Procedure							
	Is					Abatement Type							
Location of	Locatio	n	Des	cription of				1	E	E			
Asbestos - Containing	Normall	y	1,110,073,000,000	os-Containing		Amount	R		N	N			
Material (ACM)	Used		0.000.000	rial (ACM)		(Specify	E	R	C	C			
TO BE ABATED	Solely			ermal systems		SF or	M	E	A	L			
In Facility	by Mair	3.77		, surfacing, VAT	Γ,	LF)	0	P	P	0			
(13)	tenance. Custodia		or other	miscellaneous)			l v	A	S	S			
	Staff (12)					A L	R	L	R			
Bldg 144 - exterior	Yes No	N/A	window gla	azing		92 LF	x		1	E			
Bldg 144 - exterior	x		window ca	ulk		345 LF	x						
Bldg 144 - exterior x			cement board siding			160 SF							
				×									
Name of Registered Waste Hauler Horizon Disposal	EP Waste er ID No.	Cubic Yards of Waste											
City, State Disposal 2													
Trenton NJ		As needed		Morrisville PA									
Completed By (Print or Type) Mark Goshow	Title Proje	ct Manager		Signat	Mark Golin 1-47								